gressive medical men and women you can not do without interchange of thought; you can not do without society work, neither can the society do without you. It is only by the constant exercise of the faculties of all our being that we can hope to grow. There must be no halting in our progress, no resting by the wayside. Climb to the topmost branches of the tree of learning and gather their ripened fruit. Knowledge is a gem among others in our casket. New discoveries are within your reach; new triumphs await you; seek them out and add fresh laurels to the trophies already won. Cling to your society. Be zealous in its work for your own uplifting and the honor of your calling. Humanity has the right to expect of us our best endeavors. Our profession can rise to no grander height except as each of us helps to lift it there.

Finally, may I ask that the same loyalty shown the passing administration be given to my successor, and may it abide with him in every pleasing and generous sentiment as it has with me, and may the cordiality of our meetings, in which not a single note of discord has been heard, be one continuous reign of peace and good fellowship among you.

OPERATIONS ON THE THYROID GLAND.*

By WALLACE I. TERRY, M. D., San Francisco.

Operations on the thyroid gland may be demanded on account of: First, thyroiditis; second, tuberculosis of the thyroid; third, tumors and cysts of the thyroid; fourth, goiter. Of these, by far the most important is goiter, and the greater part of this paper will be devoted to a brief consideration of the surgical features presented by it.

Inflammation of the thyroid unless it leads to suppuration, does not ordinarily demand operative intervention. When suppuration is present conservative incisions should be made for the relief of tension. Extensive dissections are unwise because of the danger of widespread infection of the deep planes of the neck.

Tuberculosis of the thyroid is very rare and demands no different treatment than tuberculosis of other organs.

Of the tumors of the thyroid gland the adenomata are the most common. They are generally noticed as asymmetrical enlargements and are usually single. That they, by degenerative processes, lead to cysts is believed by many pathologists. When they contain much colloid material or are deeply located it is very difficult to differentiate them from cysts. Early excision is the proper treatment for both. For one who is interested in the pathology of adenomata and cysts of the thyroid, the articles by Bloodgood in recent numbers of *Surgery, Gynecology and Obstetrics* (Aug., 1905, and Feb., 1906) are of much value.

The malignant tumors of the thyroid are the carcinomata and sarcomata, the former being the more common. Early radical removal is the only therapeutic recourse in these cases which is of any value. That the results, so far as ultimate cures are concerned, are poor, is due in great measure to the tardy recognition of a malignant process. Kocher advises immediate operation in any case of goiter which shows a rapid growth, while Bloodgood urges that "every asymmetrical enlargement of the thyroid gland in individuals over thirty years of age should be subjected to immediate operative removal." Adhesions to and infiltrations of the adjacent tissues are generally found in the malignant tumors, and one must be prepared to remove portions of the trachea or larynx or extipate some of the large vessels of the neck in operating on such cases.

Hypertrophies of the thyroid are classed as simple or exophthalmic goiters. In the former we do not have any constitutional symptoms except those produced mechanically by the enlarged gland, while in exophthalmic goiter the constitutional symptoms produced by toxins from the gland are varied and numerous.

The simple goiters may require surgical treatment:

1st. When they cause dyspnea from pressure on the trachea or dysphagia from interference with the esophagus. In goitrous districts it is no uncommon thing to see the trachea narrow and distorted to a marked degree.

2nd. When there is pressure on the recurrent laryngeal nerve. Occasionally the tumor is behind the sternum, in which case the dyspnea is apt to be more severe.

3rd. When the goiter is growing rapidly.

4th. When the mass is irregular or nodular.

5th. For cosmetic reasons when there are no contra-indications.

Between the simple and the exophthalmic goiter there are any number of varieties which do not admit of a satisfactory classification, and it seems best to speak of such cases as Basedow's disease or goiter with Basedow symptoms. The term exophthalmic simply refers to one symptom, while Basedow's or Grave's disease implies a symptom-complex.

Personally, I prefer the term Basedow's, rather than Grave's, because Basedow was the first author to give a comprehensive description of the disease, and also because the term is used more often in the literature of the subject.

The value of a proper operation in Basedow's disease is coming to be more and more recognized, so that there are few today who maintain the position that surgical interference is contra-indicated. It is believed by the majority of observers that Basedow's disease is due to hyperthyroidization, and it seems rational to lessen that effect by the removal of a portion of the gland. The various forms of serum therapy, the use of the milk or the blood of thyroidectomized animals or the preparation of a serum from the human gland, are being tried with varying degree of success, and it is proper that each case of Basedow's disease should have a thorough course of medical treatment—dietary, drugs, rest, etc.—be-

*Read before the San Joaquin Valley Medical Society.

fore surgical treatment is undertaken. There is no question but that a considerable proportion of mild cases are cured by medical measures alone, but should such measures fail to give relief within a reasonable time, the patient should be operated upon before he has lost his powers of resistance.

The mortality of thyroidectomy in simple goiter is almost *nil*. Kocher, of Bern, has done over 3,000 thyroidectomies, and in his last series of one thousand cases reported last April (*Zentralblatt f. Chir.,* July 14, 1906—No. 28—p. 70) he had but three deaths in 904 simple goiters; i. e., less than four-tenths of one per cent. His mortality in excisions of the gland for Basedow's disease was slightly under 2% in 52 cases. Total extirpation of the gland with removal of involved lymph nodes or adjacent structures for malignant disease of the thyroid is naturally attended by a higher mortality—in the neighborhood of 10%.

My personal experience embraces but 11 cases, 8 of which were Basedow's disease, 2 simple goiter and 1 secondary carcinoma of the thyroid, and I have been fortunate enough to have no fatalities in this series. One patient was in an advanced stage of Basedow's disease, with extreme tachycardia as one of the prominent symptoms, the heart beat at times being as high as 300 per minute. The removal of the hypertrophied right lobe was sufficient to restore her, in the course of several months, to a fairly normal condition. In another patient nervousness and exophthalmos were most marked. Her symptoms were very much improved by a partial thyroidectomy and a year later I was able to operate successfully upon her for a complete prolapse of the uterus. This leads me to mention that major operations on patients with Basedow's disease are frequently fatal. When circumstances permit, the goiter should be operated upon several months in advance of any other operation which may be necessary.

The technic of the operation which I prefer is essentially that as elaborated by the master surgeon, Kocher. The anesthetic of choice should be a local one, preferably cocain or eucain, and only in exceptional cases should a general anesthetic be administered. The two principal reasons for this statement are:

1st. The danger of injury to the recurrent laryngeal nerve with its sequences of aphonia and inhalation pneumonia is great during general anesthesia, while with local any injury of the nerve can be at once recognized and steps taken to remedy the difficulty.

2nd. Hemorrhage is apt to be far more severe under general than local anesthesia. As a consequence of the above factors, the mortality is lowest yhen local anesthetics are employed. The pain which the patient has to endure is not great if the skin is infiltrated with a 1% solution of encain preceded half an hour by a hypodermic of morphin and atropin.

The collar incision of Kocher is, as a rule, the best for a goiter operation. It allows of a complete exposure of both lobes and from an ultimate cosmetic standpoint is the best, as the usual neckwear will conceal the scar. After division of the skin and platysma muscles, the anterior borders of the sternomastoids can be slightly nicked and the muscles well drawn to the outer side. Usually it is necessary to transversely divide the sternohyoid and sternothyroid muscles. The capsule of the gland is then reached by blunt dissection and the lateral accessory vein, if one be present, exposed. This should be ligated and divided, then the lobe which it is proposed to enucleate should be dislocated forward. This I consider an important point because the forward dislocation at once relieves the sense of suffocation which most patients feel up to this time, and permits of ready access to the thyroid vessels. The superior and inferior thyroid arteries are identified and tied off. In dealing with the inferior it is best to make some pressure with a pair of artery forceps on the vessel and have the patient speak in order that one may know that the recurrent laryngeal nerve is not caught. After ligation of the vessel—and one should bear in mind that the veins are usually very friable—the division of the isthmus is next in order. By compressing the isthmus with a strong pair of forceps one can reduce it to a mere cord so that a small ligature will suffice for a stump.

Furthermore, compression will prevent in large measure the later flow of colloid material into the wound. Nothing more remains than to complete the toilet of the wound and suture the fascia, muscles, and skin. It is usually better to employ a small drain for the first 24 hours in order to carry away the serum and any exudate from the thyroid which if absorbed may produce thyroid intoxication.

PRESIDENT'S ANNUAL ADDRESS. LOS ANGELES COUNTY MEDICAL ASSOCIATION, DECEMBER 21, 1906.

By FITCH C. E. MATTISON, M. D., Pasadena.

It has been the custom for your presiding officer to deliver an address upon retiring from the office to which you have honored him, and I hope I may be pardoned if in following this time-honored custom I shall depart somewhat from the usual practice of either writing upon some scientific subject or lauding the advances made in the line of medical progress, but shall, instead, speak of some of the aims and purposes of medical organization, and in doing so, call your attention to part of the work which your society has accomplished during the past year, and perchance call your attention to some of the shortcomings, and attempt to point out some needed advances, which, it seems to me, are timely and necessary, if we wish to keep up with the advances along other lines of scientific progress.

Before doing so, permit me to thank the members of this association for their hearty cooperation, which has made it possible for us to look back upon this as the most prosperous year of the Los Angeles County Medical Association since its organization. With an increase of the number of meetings from two each month to weekly meetings, our average attendance has been nearly up to that of last year, the total attendance being far in advance of any previous